

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/16/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445263	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  02/13/2017
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NAME OF PROVIDER OR SUPPLIER

TRI STATE HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

600 SHAWANEE RD  
HARROGATE, TN 37752

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K-000

INITIAL COMMENTS

K-000

A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 2/13/17. During this Life Safety Survey, Tri-State Health & Rehab Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.

The facility will ensure that smoke detectors are located at least 3 feet away from air flow equipment in accordance with NFPA Guidelines. Nurses Station—The smoke detectors were moved to ensure at least a 3 foot separation from air flow equipment. This action should ensure that smoke detectors in this location meet the requirements in compliance with NFPA Standards. Front Conference Room—The ceiling fans will be removed and this action should ensure that smoke detectors in this location meet the requirements in compliance with NFPA Standards.

K 345  
SS=F

The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:

NFPA 101 Fire Alarm System - Testing and Maintenance

K 345

Fire Alarm System - Testing and Maintenance  
A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.  
9.7.5, 9.7.7, 9.7.8, and NFPA 25

The Director of Maintenance will carefully inspect every room, closet, alcove, and hallway, to ensure that there are no other smoke detectors that are located closer than three feet from air flow equipment. If any other smoke detectors are found to be placed closer than three feet from air flow equipment the smoke detector placement will be adjusted to comply with NFPA Standards. The Director of Maintenance will ensure that any fans or other air flow systems modifications in the future are performed in accordance with this NFPA Standard. The Director of Maintenance will add smoke detector placement to the facility inspection checklist and once each quarter the entire physical plant will be reviewed to ensure that there are no concerns with smoke detector placement. The inspection checklist report will be reviewed in the facility's QA Committee which meets quarterly.

This STANDARD is not met as evidenced by:  
Based on observation and interview, the facility failed to ensure smoke detectors are 3 feet away from air flow per the requirements of:

2012 NFPA 101; 19.3.4.1, 9.6.1.3  
2010 NFPA 72, 17.7.6.7.2

4/1/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESNo. 3230-RIN P. 352/16/2017  
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NAME OF PROVIDER OR SUPPLIER  TRI STATE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 SHAWANEE RD HARROGATE, TN 37752		
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K 345	Continued From page 1  This deficiency affects 7 of 7 smoke compartments on all floors and all resident rooms.  The findings include:  Observation and interview with maintenance, on 2/13/17 at 10:30 AM revealed smoke detectors within 3 feet of air flow at the nurse's station and in the conference room. These smoke detectors are within 3 feet of ceiling fan air flow.  The maintenance director was present when the deficiencies were identified and acknowledged by the administrator during the exit conference on 2/13/17.	K 345	The facility will update the fire emergency plan to bring the plan into compliance with the 2012 NFPA Standard. Specifically the facility will:  Modify the existing written facility fire plan and will add the backup procedure of contacting 911 from the facility, (in addition to the monitoring company which also contacts 911). The plan will specify that the 500 Hall charge nurse will contact 911 in the event of a fire and this procedure should ensure a 24/7 plan as there is always a 500 Hall charge nurse on duty at the facility. The 500 Hall Charge nurse will notify another nurse in the event that he/ she must step out on break or otherwise be out of the building for any reason.  The Director of Maintenance will conduct in-service training with every facility licensed nurse. Each nurse will be provided with a copy of the updated fire plan and the new procedure will be reviewed. The Director of Maintenance will also update the quarterly fire drill worksheet to include 911 notifications. All fire drills conducted after 4-1-2017 will practice the new procedure as a part of the drill. Fire drill participation records will be reviewed by the facility's safety committee. The Risk Manager will complete monthly safety committee reports which will be reviewed by the facility's QA Committee which meets quarterly.		
K 711 SS=F	NFPA 101 Evacuation and Relocation Plan  Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2, 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the fire safety plan included all requirements of:	K 711		4/1/17	

Mar. 21. 2017 4:04PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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No. 3230, INT. P. 36  
02/16/2017  
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K 711	<p>Continued From page 2 2012 NFPA 101; 19.7.2.2 (3)</p> <p>This deficiency affects 7 of 7 smoke compartments on all floors and all resident rooms.</p> <p>The findings include:</p> <p>Interview with maintenance, on 2/13/17 at 9:45 AM revealed the facility failed to indicate an emergency phone call to the fire department or 911 were to be made.</p> <p>The maintenance director was present when the deficiencies were identified and acknowledged by the administrator during the exit conference on 2/13/17.</p>	K 711			